

**BERNALILLO COUNTY  
SUMMER 2010 ADULT SOFTBALL LEAGUE**

**BERNALILLO COUNTY PARKS AND RECREATION  
SPORTS PROGRAM**

**ROSTER**

**PLEASE PRINT EXCEPT FOR THE SIGNATURES**

TEAM NAME _____	DIVISION (CIRCLE 1) _____	MENS THURS OR MENS FRI COED TUE. OR SUN COED WOMENS
MANAGER _____	ASST. COACH _____	
HOME PHONE _____	HOME PHONE _____	
BUSINESS/CELL _____	BUSINESS/CELL _____	
E-MAIL ADDRESS _____	E-MAIL ADDRESS _____	
MAILING ADDRESS FOR TEAM MANAGER _____		

STREET \_\_\_\_\_ HOUSE/APT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_ A.S.A FEE \_\_\_\_\_

**\*\*\*ALL PLAYERS MUST READ AND SIGN\*\*\***

- |                             |                           |
|-----------------------------|---------------------------|
| 1. THE ADMINISTRATIVE RULES | 3. THE DISCIPLINARY RULES |
| 2. RULES AND REGULATIONS    | 4. CODE OF CONDUCT.       |

ANY INDIVIDUAL WHO PUTS HIS/HER PERSONAL INFORMATION ON THIS ROSTER AND SIGNS THIS FORM AGREES TO HAVE READ AND COMPLETELY UNDERSTANDS THE RULES, POLICIES AND LEGAL COMPONENTS OUTLINED WITHIN THE 2010 ADULT SOFTBALL LEAGUE INFORMATION PACKET.

THIS ALSO CERTIFIES THAT MANAGER(S) AND PLAYER(S) THAT HAVE **SIGNED** THIS ROSTER FORM UNDERSTAND, RECOGNIZE AND AGREE TO THE FOLLOWING:

1. UNDERSTAND THAT SOFTBALL IS A PHYSICALLY DEMANDING ACTIVITY AND CAN CAUSE POSSIBLE PHYSICAL AILMENTS FOR ALL THE PLAYERS.
2. PLAYER (S) THAT ARE NOT PHYSICALLY FIT OR LACK THE APPROPRIATE PLAYING EXPERIENCE IN SOFTBALL MAY BE SUBJECT TO A HIGHER RISK OF INJURY.
3. **ALL PLAYERS PARTICIPATE AT THEIR OWN RISK.**



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**HOLD HARMLESS AGREEMENT**

MY TEAM PLAYERS AND I UNDERSTAND AND AGREE TO HOLD **HARMLESS**, ANY OF THE BERNALILLO COUNTY EMPLOYEES, CONTRACTORS AND THOSE ASSISTING WITH THE **2010 SUMMER Adult Softball League**. THIS WOULD BE FROM ANY CLAIMS, SUITS, ACTIONS OR CAUSES OF ACTION ARISING FROM ANY INJURY, ACCIDENT/OR CONDUCT INVOLVING MY TEAMMATES AND MYSELF. THIS INCLUDES BUT IS NOT LIMITED TO THE COSTS OF REASONABLE ATTORNEY'S FEES ASSOCIATED WITH ANY CLAIMS, SUITS, ACTIONS OR CAUSES OF ACTION.

MANAGER/COACH \_\_\_\_\_

DATE \_\_\_\_\_

TEAM NAME \_\_\_\_\_

**Please Note:** Managers falsifying or forging signatures may constitute expulsion from the League.

**PLEASE TYPE OR PRINT THE NAMES OF PLAYERS ON YOUR TEAM  
(EXCEPT FOR THE SIGNATURES)**

	NAME	SIGNATURE	PHONE	EMAIL ADDRESS
1				
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	NAME	SIGNATURE	PHONE	EMAIL ADDRESS
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